

**Wisconsin
Home Health Agencies and Patients
1998**

August 2000

Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services

Introduction

This report presents selected statistics on Wisconsin home health agencies and patients for 1998, as well as some trend information for 1990 through 1998. The source of data for this document is the Annual Survey of Home Health Agencies, a cooperative effort between Wisconsin-licensed home health agencies; the Division of Health Care Financing (Bureau of Fee-for-Service Health Care Benefits and Bureau of Health Information); and the Division of Supportive Living (Bureau of Quality Assurance). The Annual Survey of Home Health Agencies does not collect information from agencies that provide **only personal care**. It does collect information from agencies that provide both home health care and personal care, as well as those that provide only home health care.

In general, *home health care services* include skilled nursing, physical therapy, occupational therapy, speech and language therapy, home health aide services, medical social services, or respiratory therapy services provided by a qualified individual in accordance with a patient's plan of care. In general, *personal care services* include activities to assist an individual with activities of daily living necessary to maintain the individual in his or her place of residence in the community, such as assistance with bathing, transferring, personal hygiene, changing bedding and clothing, toileting, meal preparation, and light housekeeping.

The number of home health agencies in the 1998 survey declined by a net of 19 agencies (10 percent) from 1997. (This net decrease reflects 21 agencies that closed in 1998 or shortly thereafter and 2 agencies that opened in 1998.) All findings in the report thus underestimate actual home health activity in 1998 because agencies that closed did not participate in the survey.

As part of the Balanced Budget Act passed in October 1997 (BBA 97), Congress included provisions intended to eliminate fraud and abuse and curb the escalating growth of Medicare expenditures for home health care. Medicare reimbursements for home health care were reduced to 1994 per-patient levels. Nationally, this resulted in the closure of 14 percent of Medicare-certified home health agencies between October 1, 1997 and January 1, 1999, according to the U.S. General Accounting Office.

In Wisconsin during 1997 (largely before BBA 97 was implemented), 9 home health agencies surrendered their licenses due to either closure or merger with other agencies. In 1998, 21 agencies closed.

The 1998 survey population consisted of 172 home health agencies. The survey form was sent to all home health agencies in April 1999 by the Bureau of Quality Assurance (BQA) along with its annual report form. Only agencies that were still in operation in April 1999 were mailed the 1998 survey. Agencies in operation in 1998 that did not complete the survey consisted of agencies that closed before April 1999, and a few agencies that were still operating in April 1999 but closed within several months and did not return the survey.

The information in this report is for calendar year 1998, with the following exceptions:

- Home health agency staffing information (Table 3, Figures 1 and 2) presents the number of employees during the week of April 12 to April 16, 1999.
- The number of home health agency patients on a typical day (Table 10) is based on the number of patients served on April 15, 1999.

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- The statewide financial information combines revenue and expenses of various fiscal years (12-month periods), nearly all of which ended in 1998. The effect of this variation on inter-agency comparison is not known.

The Bureau of Health Information would like to acknowledge and thank the personnel of Wisconsin home health agencies who provided information on their agencies and the patients they serve.

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Key Findings

Note: Because of the magnitude of the decline in the number of home health agencies in 1998 (a net of 19 agencies, or 10 percent, closed and thus did not participate in the survey), the findings in this report underestimate actual home health activity in 1998. (See Introduction for explanation.)

- There were 172 home health agencies in the 1998 survey, representing an overall decline of 19 agencies (10 percent) from 1997. In 1998, six governmental, eight nonprofit, and seven proprietary agencies closed; one governmental agency and one nonprofit agency were newly opened.
- The total number of Wisconsin home health patients decreased 8 percent in 1998, the first decline since 1993. The total number of home health visits was down 16 percent in 1998.
- During the week of April 12 to April 16, 1999, there were 5,415 full-time equivalent employees (FTEs) working in Wisconsin home health agencies, a decline of 933 (15 percent) from the 6,348 FTEs reported in April 1998.
- There were 760 FTE personal care workers employed by Wisconsin home health agencies during the week of April 12 to April 16, 1999. About 43 percent of these workers were related to the patients for whom they were caring.
- Between 1998 and 1999, the number of FTE RNs and LPNs decreased 12 percent, while the number of FTE personal care workers decreased 8 percent. The number of physical, occupational, and respiratory therapists did not change much.
- The number of patients aged 85 and older decreased 10 percent in 1998, the first decline in this age group of patients since 1990. The number of patients under age 55, after declining 4 percent in 1997, was down another 9 percent in 1998.
- The statewide home health utilization rate for 1998 was 15.2 patients per 1,000 total population, compared to 16.7 patients per 1,000 in 1997 and 16.3 per 1,000 in 1996.
- The 1998 home health utilization rate among females was 18.2 per 1,000 population, compared with 12.1 per 1,000 among males. Females had higher rates of home health utilization at every age except 85 and older.
- Among males age 85 and older in Wisconsin, 158 of every 1,000 used home health services in 1998, down from 188 of every 1,000 in 1997. Females age 85 and older used home health services at a lower rate (154 per 1,000), down from 174 per 1,000 in 1997.
- Home health admissions declined 6 percent in 1998, the first decline since 1990. Admissions from hospitals declined 4 percent, while admissions from private residences declined 13 percent.
- The number of home health patients on a “typical” day (a count made in April of the year following the survey year) decreased from 10,273 in April 1998 to 8,544 in April 1999. This represented a decline of 17 percent, and followed a decline of 8 percent from 1997 to 1998.
- The average length of a home health visit in 1998 was 1.7 hours, unchanged from 1997.

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- Average visits per patient declined 9 percent (from 54 to 49 visits per patient) in 1998.
 - Statewide, total expenses reported by home health agencies exceeded total self-reported revenue by over \$23.7 million in 1998.
 - In 1998, Medicare payments as reported by home health agencies statewide totaled more than \$110.6 million, a decrease of 21 percent (\$30 million) from 1997.
 - Home health agencies reported receiving a total of \$60.1 million in Medicaid payments in 1998, compared to the \$73.2 million reported by the Medicaid program as paid to home health agencies. Agency-reported Medicaid payments decreased 7 percent from 1997; in contrast, Medicaid program-reported payments increased by \$9.2 million, or 14 percent. (Agency-reported revenue was underreported for 1998 because facilities that closed did not participate in the survey. See Introduction.)
 - In 1998, 56 percent of home health patients used Medicare as a payment source, 1 percentage point lower than in 1997; 16 percent used Medicaid, 3 percentage points higher than in 1997; and 18 percent used private insurance, the same as in 1997.
 - The number of home health patients using Medicare as a source of payment in Wisconsin declined 9 percent in 1998, after an average annual increase of 6.4 percent since 1991.
 - The number of home health patients using Medicaid as a payment source increased 18 percent in 1998, reaching almost 14,000. This was the first big increase since 1994.

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Table 1. Home Health Agencies, Patients and Visits by Ownership Type, Wisconsin 1991-1998

Number of Home Health Agencies				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1991	170	48	70	52
1992	183	47	80	56
1993	188	45	81	62
1994	192	45	81	66
1995	184	44	81	59
1996	193	43	82	68
1997	191	41	81	69
1998	172	36	74	62
Number of Home Health Patients				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1991	63,145	11,670	37,121	14,354
1992	67,244	12,273	39,248	15,723
1993	65,402	11,148	39,448	14,802
1994	72,257	11,411	44,725	16,121
1995	77,783	10,716	51,126	15,941
1996	84,092	9,783	58,808	15,501
1997	86,866	9,123	61,796	15,947
1998	80,052	7,772	57,907	14,373
Number of Home Health Visits				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1991	2,943,276	369,415	1,327,489	1,246,372
1992	3,387,113	421,843	1,669,609	1,295,661
1993	3,835,946	460,106	2,081,450	1,294,390
1994	4,158,770	479,790	2,257,297	1,421,683
1995	4,349,960	486,783	2,563,909	1,299,268
1996	4,269,921	461,461	2,572,592	1,235,868
1997	4,650,803	444,117	2,624,169	1,582,517
1998	3,897,641	355,848	2,232,184	1,309,609

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- There were 172 home health agencies participating in the 1998 survey, representing an overall decline of 19 agencies (10 percent) from 1997. Six governmental, eight nonprofit, and seven proprietary agencies closed; one governmental agency and one nonprofit agency were newly opened.
- From 1997 to 1998, the total number of Wisconsin home health patients decreased 8 percent, the first decline since 1993. The number of patients served by governmental agencies dropped 15 percent, the number of patients served by proprietary agencies declined 10 percent, and the number of patients served by nonprofit agencies decreased 6 percent.
- Total home health visits decreased by 16 percent in 1998, twice the decline in the number of patients (8 percent).

Table 2. Home Health Agencies Certified to Provide Medicare, Medicaid, Personal Care, Hospice Services, and HealthCheck (EPSDT); and Agencies Part of or Affiliated with a Hospital, Wisconsin 1991-1998

	Number of Agencies			
Year	Medicare Certified	Medicaid Certified	Personal Care Certified	Hospice Certified
1991	160	160	116	24
1992	174	172	135	31
1993	178	181	148	35
1994	182	182	150	35
1995	175	175	147	36
1996	184	184	149	43
1997	184	183	147	44
1998	164	167	130	42
	Number of Agencies			
	HealthCheck Certified	Part of a Hospital	Affiliated with A Hospital	
1991	*	32	12	
1992	*	39	14	
1993	*	42	14	
1994	*	40	17	
1995	*	40	17	
1996	34	43	19	
1997	33	43	20	
1998	32	39	15	

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An asterisk (*) indicates the question was not included in that year's survey.

HealthCheck is Wisconsin Medicaid's federally required Early Periodic Screening, Diagnosis and Treatment program (EPSDT) for children up to age 21. The goal of HealthCheck is to promote early detection and treatment of health conditions before they require chronic and more expensive medical intervention. HealthCheck includes these components: routine comprehensive screenings, including vision and hearing; dental screening; appropriate immunizations; appropriate tests, including laboratory and lead poisoning screening; and necessary referrals for follow-up care.

- The numbers of home health agencies certified for Medicare, Medicaid, and personal care in 1998 were the lowest since 1992. The number of home health agencies certified to provide hospice services has been fairly stable since 1996.
- The number of home health agencies affiliated with a hospital decreased by 5 (25 percent) in 1998. The number of home health agencies that were part of a hospital declined by 4 (9 percent).

Table 3. Full-Time Equivalent Employees (FTEs) of Home Health Agencies by Ownership Type, Wisconsin, April 1999

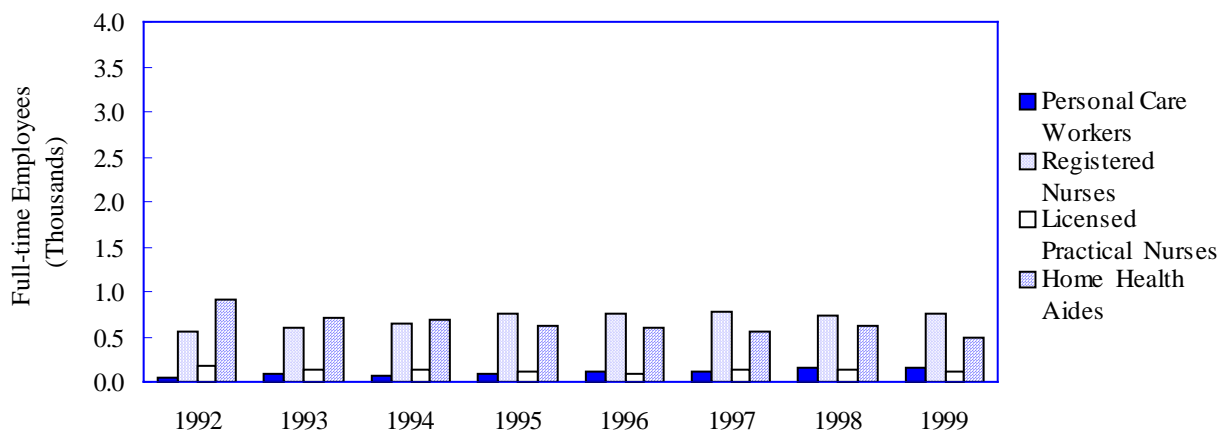
Employee Category	Statewide FTEs		Number of FTEs by Ownership of Agency		
	Number	Percent	Governmental	Non-Profit	Proprietary
Administrator	146		31	59	56
RN Supervisor	236		25	127	83
Subtotal	382	7%	56	187	140
Registered Nurse	1,408		170	912	326
Licensed Practical Nurse	245		6	108	131
Subtotal	1,653	31%	176	1,020	456
Home Health Aide	1,251	23%	101	728	423
Physical Therapist	114		5	98	11
Occupational Therapist	53		1	30	23
Speech Pathologist	11		0	11	1
Respiratory Therapist	11		0	11	0
Medical Social Worker	49		1	45	4
Subtotal	238	4%	7	194	38
Personal Care Worker	760		36	168	556
Homemaker	203		14	89	99
Other	928		88	571	269
Subtotal	1,891	35%	175	997	1,480
Total	5,415	100%	477	2,957	1,981

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The count of employees is made in April of the year following the survey year.

- During the week of April 12 to April 16, 1999, there were 5,415 full-time equivalent employees (FTEs) employed by Wisconsin home health agencies, a decline of 933 (15 percent) from the 6,348 FTEs reported in April 1998. During 1998, the number of home health patients decreased 8 percent, and the number of home health visits decreased 16 percent.
- Between 1998 and 1999, the number of FTE home health aides declined 35 percent, even though the number of patients served by home health aides decreased only 11 percent.
- There were 760 FTE personal care workers employed by Wisconsin home health agencies during the week of April 12 to April 16, 1999. About 43 percent of these workers were related to the patients for whom they were caring.
- Between 1998 and 1999, the number of FTE RNs and LPNs decreased 12 percent, while the number of FTE personal care workers decreased 8 percent. The number of physical, occupational, and respiratory therapists did not change much.

Figure 1. Full-Time Staff Employed by Home Health Agencies, Wisconsin 1992-1999

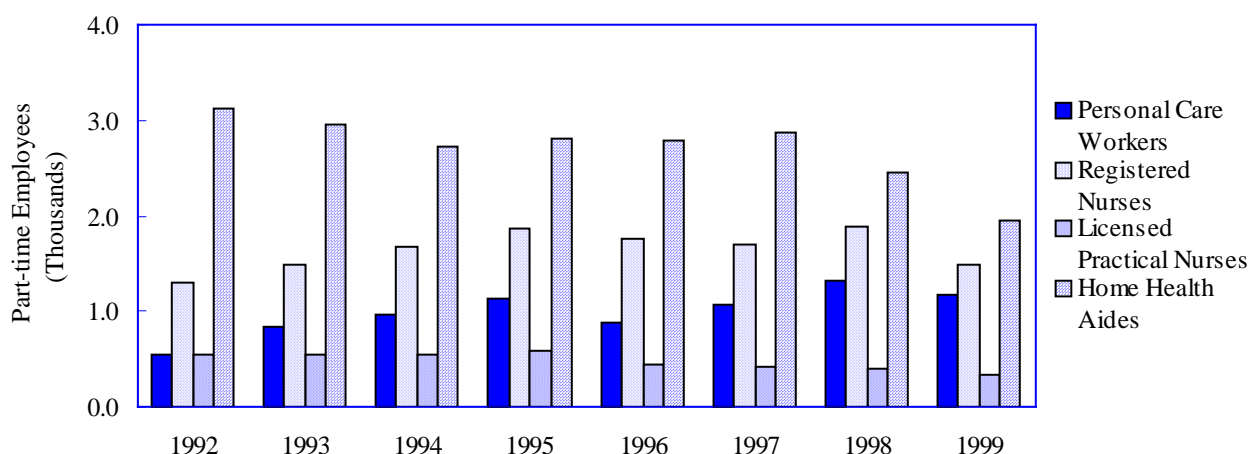


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This figure covers the years 1992-1999 because it reflects the number of employees in April of the year following the survey year. The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- Between April 1998 and April 1999, the number of full-time home health aides decreased 23 percent (from 626 to 483), the number of full-time LPNs decreased 8 percent (from 125 to 115), and the number of full-time personal care workers declined 7 percent (from 161 to 150). The number of full-time RNs stayed about the same.

Figure 2. Part-Time Staff Employed by Home Health Agencies, Wisconsin, 1992-1999

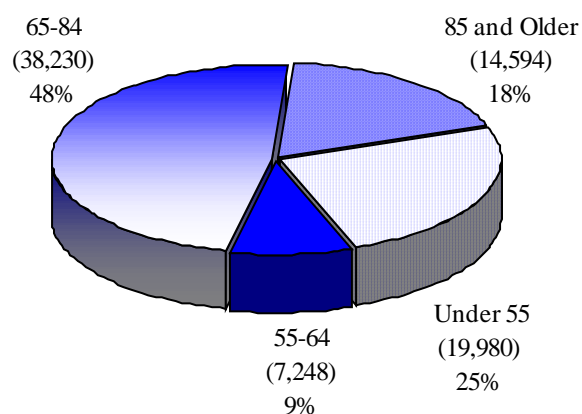


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This figure covers the years 1992-1999 because it reflects the number of employees in April of the year following the survey year. The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- From April 1998 to April 1999, the number of part-time RNs declined 21 percent (from 1,895 to 1,497), the number of part-time aides declined 21 percent (from 2,455 to 1,944), the number of part-time personal care workers declined 11 percent (from 1,329 to 1,183), and the number of part-time LPNs declined 17 percent (from 395 to 327).

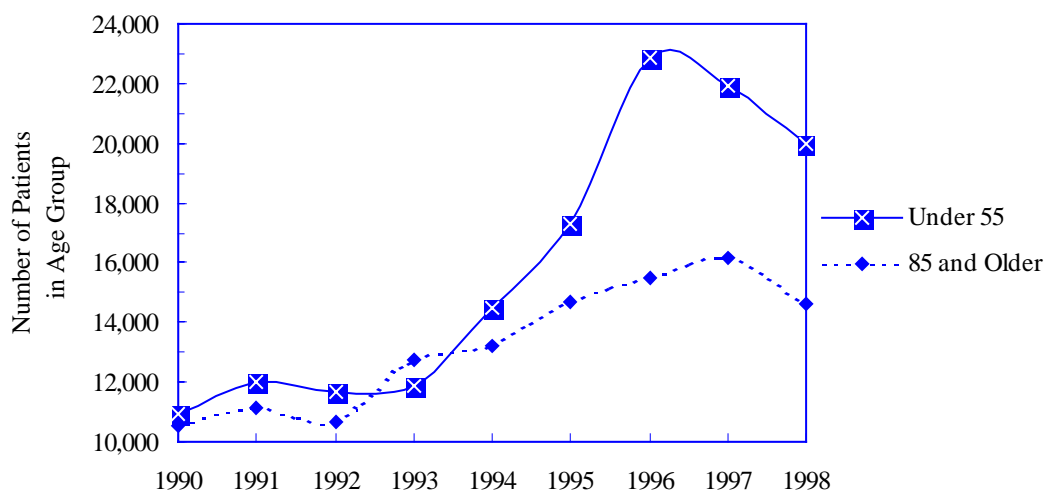
Figure 3. Home Health Patients by Age, Wisconsin 1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 1998, 25 percent of home health patients were under age 55 and 48 percent were ages 65-84; these were the same proportions as in 1997. The proportion of patients age 55-64 increased 1 percentage point in 1998, and the proportion 85 and older was down 1 percentage point.

Figure 4. Home Health Patients Under Age 55 and Age 85 and Older, Wisconsin 1990-1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The number of patients aged 85 and older decreased 10 percent in 1998, the first marked decline in this age group of patients since 1990. The number of patients under age 55, after declining 4 percent in 1997, was down another 9 percent in 1998.

Table 4. Primary Diagnosis of Home Health Patients by Age, Wisconsin 1998

Primary Diagnosis	Number of Patients	Age					Percentage Age 65+
		<55 %	55-64 %	65-74 %	75-84 %	85+ %	
Total	80,052	25	9	19	29	18	66
Cardiovascular Disease	12,064	7	8	22	37	26	85
Arthritis (Arthropathies, Dorsopathies & Rheumatism)	6,496	11	9	25	35	20	80
Cancer	6,323	19	16	27	28	10	65
Respiratory Diseases	5,334	15	8	22	35	19	77
Ill-Defined Conditions	5,052	16	7	17	33	28	78
Fractures, Dislocations & Sprains	4,068	14	7	17	36	26	79
Wounds, Burns & Other Injuries	3,438	29	12	20	24	14	58
Diabetes	3,300	16	11	24	33	15	72
Stroke	2,560	5	8	22	43	22	87
Genitourinary System	2,097	17	9	19	32	23	74
Central Nervous System/Multiple Sclerosis	1,927	41	11	15	24	9	47
Conditions Orig.in the Perinatal Period	1,880	99	0	0	0	0	0
Psychoses & Neurotic Disorders	1,432	34	11	17	25	14	55
Complications Of Surgery	1,325	41	13	19	17	10	46
Osteopathies	1,317	22	9	15	30	21	66
Digestive Disorders	1,244	26	10	17	28	18	63
Paralysis & Cerebral Palsy	1,216	74	8	9	7	2	18
Blood Diseases	1,075	9	4	13	34	39	86
Other Infectious & Parasitic Diseases	1,015	36	14	14	17	17	49
Dementia/Alzheimer's Disease	728	4	2	15	44	34	94
Congenital Anomalies	668	77	6	7	7	3	17
Mental Retardation	551	73	11	9	5	1	15
Dehydration	358	13	7	17	37	25	79
Eye, Ear Problems	283	30	6	13	24	28	65
Pregnancy & Childbirth	224	97	0	0	0	0	0
Poisoning & Toxic Effects	146	20	9	12	40	19	71
HIV Infection	71	85	4	4	6	1	11
Other Conditions	13,860	43	9	15	20	13	48

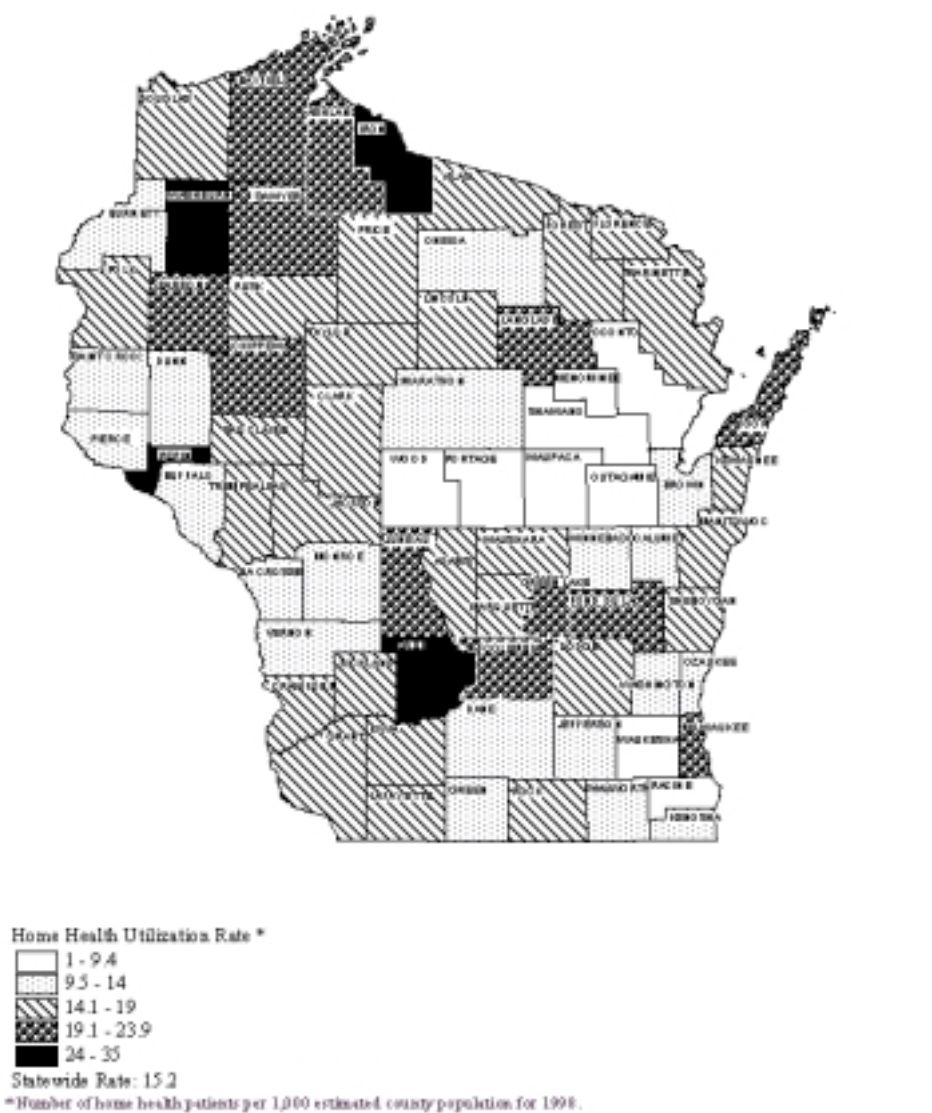
Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: These numbers reflect unduplicated counts.

One home health agency was unable to report its patients by diagnosis groups, so the total in this table differs from the totals in other tables by 290 patients. Primary diagnosis refers to grouped ICD-9 codes. See survey instrument for more details.

- Between 1997 and 1998 the number of home health patients whose primary diagnosis was "psychoses and neurotic disorders" increased 19 percent, and the number of patients whose primary diagnosis was "complications of surgery" was up 9 percent. The total number of home health patients decreased 8 percent during the same period.

Map. Home Health Utilization Rate
by County of Residence, Wisconsin 1998



Wisconsin Division Of Health Care Financing
Bureau of Health Information

Characteristics of Home Health Patients

Table 5. Home Health Utilization Rate by County of Residence, Wisconsin 1998

County of Residence	Estimated Patients	Utilization Population	Rate	County of Residence	Estimated Patients	Utilization Population	Rate
State Total	80,052	5,254,930	15.2	Marathon	1,503	126,110	11.9
Adams	269	18,000	14.9	Marinette	636	42,750	14.9
Ashland	387	16,770	23.1	Marquette	256	13,900	18.4
Barron	828	42,880	19.3	Menominee	15	4,260	3.5
Bayfield	299	14,660	20.4	Milwaukee	22,679	956,460	23.7
Brown	2,704	219,340	12.3	Monroe	372	39,000	9.5
Buffalo	181	13,830	13.1	Oconto	90	33,380	2.7
Burnett	195	14,080	13.8	Oneida	419	34,600	12.1
Calumet	537	39,240	13.7	Outagamie	1,334	157,040	8.5
Chippewa	1,201	55,030	21.8	Ozaukee	979	80,420	12.2
Clark	462	32,770	14.1	Pepin	173	7,220	24.0
Columbia	963	49,520	19.4	Pierce	417	34,720	12.0
Crawford	258	16,770	15.4	Polk	687	37,200	18.5
Dane	5,470	409,900	13.3	Portage	383	67,130	5.7
Dodge	1,591	83,870	19.0	Price	271	16,330	16.6
Door	594	26,650	22.3	Racine	922	187,710	4.9
Douglas	686	42,250	16.2	Richland	299	17,790	16.8
Dunn	484	38,490	12.6	Rock	2,398	150,320	16.0
Eau Claire	1,599	91,190	17.5	Rusk	228	15,330	14.9
Florence	97	5,110	19.0	Saint Croix	717	57,770	12.4
Fond du Lac	2,053	96,450	21.3	Sauk	1,269	52,630	24.1
Forest	165	9,350	17.6	Sawyer	316	15,630	20.2
Grant	902	49,890	18.1	Shawano	313	38,830	8.1
Green	402	32,120	12.5	Sheboygan	1,694	111,900	15.1
Green Lake	452	19,680	23.0	Taylor	318	19,520	16.3
Iowa	322	22,040	14.6	Trempealeau	386	26,390	14.6
Iron	217	6,340	34.2	Vernon	281	26,570	10.6
Jackson	300	18,410	16.3	Vilas	313	19,530	16.0
Jefferson	928	73,690	12.6	Walworth	1,070	85,170	12.6
Juneau	459	23,540	19.5	Washburn	430	14,910	28.8
Kenosha	1,814	142,160	12.8	Washington	1,509	113,190	13.3
Kewaunee	295	20,040	14.7	Waukesha	3,106	347,460	8.9
La Crosse	1,218	105,760	11.5	Waupaca	358	49,960	7.2
Lafayette	233	16,320	14.3	Waushara	333	21,040	15.8
Langlade	414	20,680	20.0	Winnebago	1,547	154,520	10.0
Lincoln	536	28,980	18.5	Wood	651	77,700	8.4
Manitowoc	1,326	84,740	15.6				

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The utilization rate is the number of patients per 1,000 population in each age group, based on 1998 population estimates by the Wisconsin Bureau of Health Information.

- The statewide home health utilization rate for 1998 was 15.2 patients per 1,000 total population, compared to 16.7 patients per 1,000 in 1997 and 16.3 per 1,000 in 1996.
- For every 1,000 people in Iron County, 34 used home health services in 1998, the highest utilization rate in the state. Washburn County had the second highest utilization rate in the state, 29 per 1,000 residents.
- Among counties with a population of 100,000 or more, Milwaukee had the highest home health utilization rate, with almost 24 patients per 1,000 population in 1998. Racine had the lowest utilization rate among those larger counties, with only about 5 patients per 1,000 population.

Table 6. Number, Percent and Utilization Rate of Home Health Patients by Age and Sex, Wisconsin 1998

Age	Total			Female			Male		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
All Patients	80,052	100%	15.2	48,726	100%	18.2	31,326	100%	12.1
Under 55	19,980	25	4.9	11,229	23	5.5	8,709	28	4.2
55-64	7,248	9	16.4	4,045	8	17.9	3,176	10	14.8
65-74	15,122	19	42.5	8,778	18	45.8	6,280	20	38.3
75-84	23,108	29	94.2	14,285	29	96.7	8,761	28	89.8
85 or older	14,594	18	155.7	10,230	21	153.8	4,294	14	157.9
65 or older	53,824	66	76.0	33,293	68	82.0	19,335	62	66.9

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The utilization rate is the number of patients per 1,000 population in each age group, based on 1998 population estimates by the Wisconsin Bureau of Health Information.

- The 1998 home health utilization rate among females was 18.2 per 1,000 population, compared with 12.1 per 1,000 among males. Females had higher rates of home health utilization at every age except 85 and older.
- Of the 80,052 home health patients statewide in 1998, nearly 42 percent (33,293) were females age 65 and older and about 24 percent (19,335) were males age 65 and older.
- Wisconsin females age 65 and older had a considerably higher utilization rate (82 per 1,000) than males in that age group (67 per 1,000).
- Among males age 85 and older in Wisconsin, 158 of every 1,000 used home health services in 1998, down from 188 of every 1,000 in 1997. Females age 85 and older used home health services at a lower rate (154 per 1,000), down from 174 per 1,000 in 1997.

Table 7. Home Health Agencies and Patients in Selected Counties, Wisconsin 1998

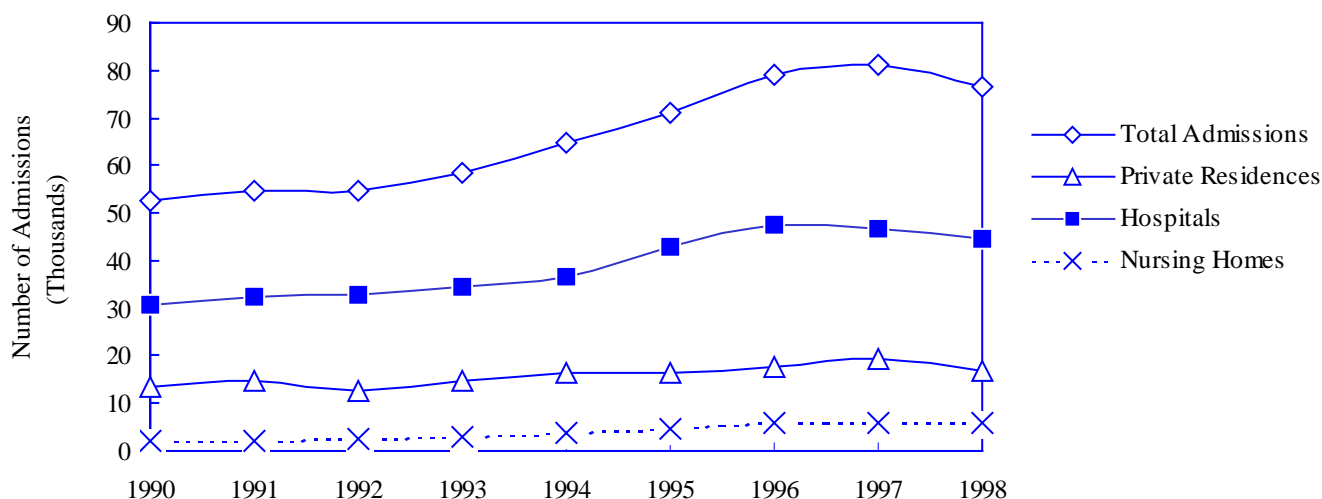
County of Agency	Number of		Percentage of Statewide Total Patients
	Agencies	Patients	
State Total	172	80,052	100%
Milwaukee	24	26,847	34
Dane	9	6,917	9
Waukesha	8	5,539	7
Winnebago	5	2,899	4
Brown	6	2,591	3
Rock	4	2,519	3
Fond Du Lac	2	2,141	3
Lacrosse	3	2,063	3
Marathon	2	1,817	2
Chippewa	2	1,632	2
Eau Claire	4	1,556	2
Wood	2	1,453	2
Dodge	3	1,372	2
Kenosha	3	1,280	2
Barron	3	816	1
Outagamie	1	785	1
Manitowoc	2	781	1
Oneida	2	775	1

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Counties whose home health agencies served less than 1 percent of total Wisconsin home health patients were excluded from this table. (Percent column will therefore not add to 100.)

- In 1998, 53 percent of Wisconsin home health patients were served in four counties (Milwaukee, Dane, Waukesha, and Winnebago). This proportion was up from 50 percent in 1997.
- The 41 home health agencies in Milwaukee, Dane, and Waukesha counties served 49 percent of the state's home health patients. Of the 21 home health agencies that closed in 1998, seven were located in these three counties.
- Twenty agencies in five other counties (Winnebago, Brown, Rock, Fond du Lac, and La Crosse) served 15 percent of the total patients.

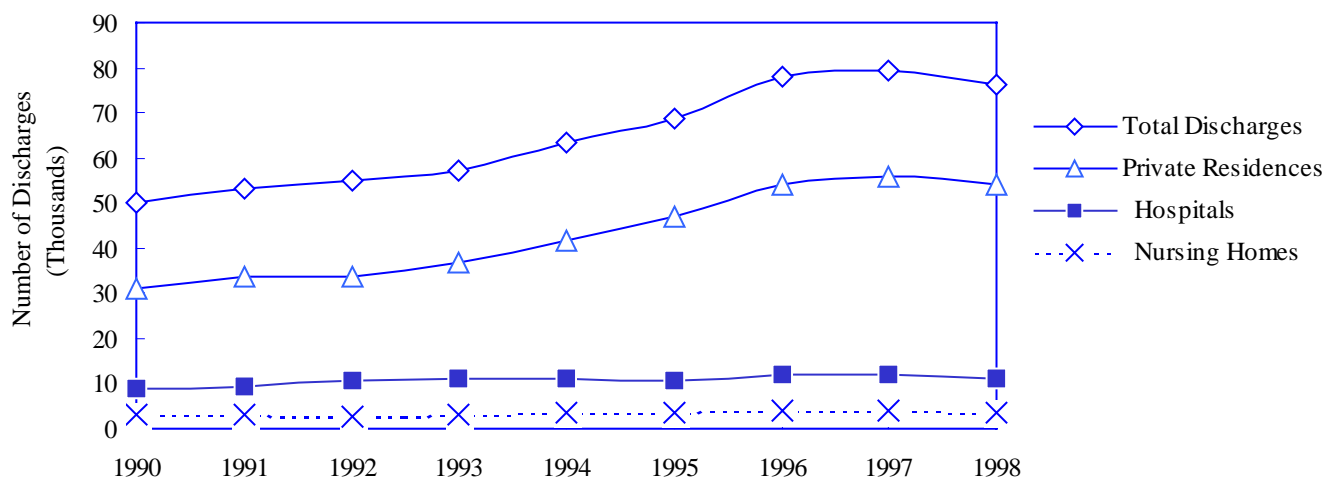
Figure 5. Home Health Admissions from Private Residences, Hospitals, and Nursing Homes, Wisconsin 1990-1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Home health admissions declined 6 percent in 1998, the first decline since 1990. Admissions from hospitals declined 4 percent, while admissions from private residences declined 13 percent.

Figure 6. Home Health Discharges To Private Residences, Hospitals, and Nursing Homes, Wisconsin 1990-1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Home health discharges decreased 4 percent in 1998, the first decline since 1990. Discharges to private residences were down 3 percent in 1998, discharges to nursing homes declined 9 percent, and discharges to hospitals decreased 7 percent.

Table 8. Services Provided to Home Health Patients, Wisconsin 1998

	Statewide Total		Ownership of Agency		
	Number	Percent	Governmental	Nonprofit	Proprietary
Total Patients	80,052	100%	100%	100%	100%
Therapeutic Services					
Skilled Nursing	66,492	83%	91%	84%	76%
Home Health Aide Services	24,219	30	39	29	30
Physical Therapy	18,783	23	19	25	21
Speech Pathology	1,403	2	1	2	1
Occupational Therapy	6,160	8	6	8	6
Medical Social Service	6,712	8	3	10	4
Respiratory Therapy	14	<1	0	0	0
Private Duty Nursing	712	1	0	1	2
Other Home Health Care	136	<1	0	0	0
Non-Therapeutic Services					
Personal Care Service	7,723	10	18	6	19
Personal Care RN Supervisory	6,203	8	15	5	16
Homemaker Service	2,588	3	3	2	7
Other Non-Therapeutic Care	406	1	1	0	0

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percents will add to more than 100 because each patient could receive more than one type of service.

- Among all home health patients in 1998, 83 percent received skilled nursing services, 30 percent received home health aide services, and 23 percent received physical therapy. Ten percent of home health agency patients received personal care services.

Table 9. Home Health Agencies Providing Other Home-Based Services, Wisconsin 1996-1998

Agencies Providing Other Home-Based Services	1996		1997		1998	
	Number of Agencies	Percent	Number of Agencies	Percent	Number of Agencies	Percent
Total Number of Home Health Agencies	193	100%	191	100%	172	100%
Meals on Wheels	5	3	5	3	*	*
Medical Equipment Loans	32	17	34	18	*	*
Share Cases with Other Agencies	92	48	99	52	92	53
Provides Services at:						
Adult Family Homes	*	*	96	50	78	45
Adult Day Care Centers	23	12	21	11	11	6
Residential Care/Assisted Living Apts.	*	*	123	64	104	60
Community-Based Residential Facilities	*	*	130	68	117	68
Number of Patients Served in CBRFs	*	*	*	*	921	*

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: An asterisk (*) indicates the question was not included in that year's survey.

- In 1998, between 45 and 68 percent of home health agencies provided services at adult family homes, adult day care centers, residential care (assisted living) apartments, or Community-Based Residential Facilities (CBRFs). These agencies reported serving a total of 921 patients living in CBRFs.

Table 10. Home Health on a Typical Day: Patient Conditions, Services, and Activities, Wisconsin, April 15, 1999

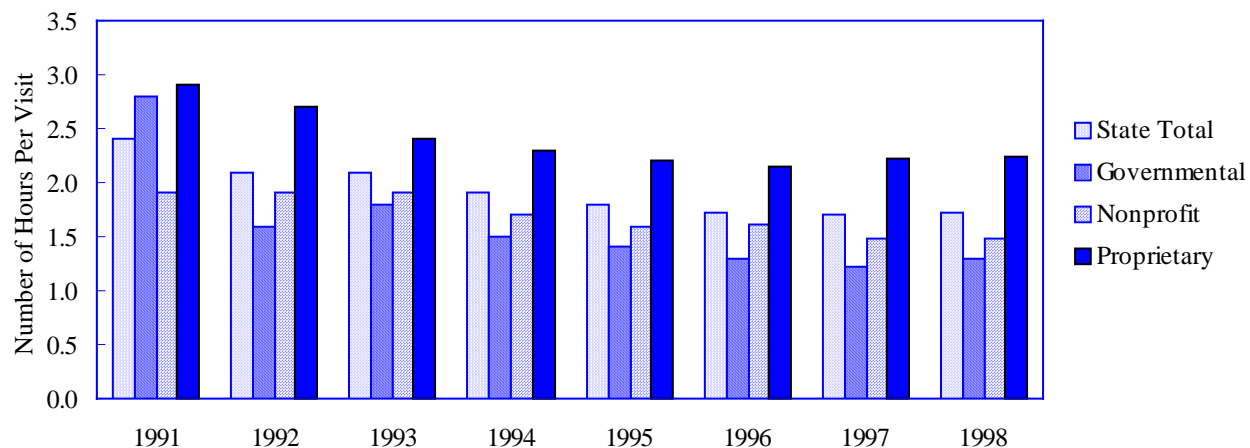
	Patients	Percent of Patients on This Day
Total Patients	8,544	100%
Sensory Difficulties		
Impaired Hearing	1,320	15
Impaired Vision	1,721	20
Psychological Problems		
Attempted Suicide	20	0
Verbally Abusive	210	2
Physically Aggressive	171	2
Impaired Memory	1,611	19
Alcohol & Other Drug Abuse	91	1
Therapies		
Psychiatric Therapy	99	1
Occupational Therapy	327	4
Physical Therapy	1,039	12
Speech Therapy	118	1
Medical Social Services	289	3
Requires Help In Activities Of Daily Living (ADLs)		
Dressing	5,031	59
Ambulation	3,077	36
Eating	1,828	21
Bathing	5,732	67
Toileting	3,010	35
Transferring	3,484	41
1-3 ADLs	3,800	44
4-6 ADLs	2,624	31
Nursing Actions		
Tracheotomy	146	2
Wound Care (ulcers, burns, pressure sores, etc.)	1,382	16
Ostomy Care	263	3
Respiratory Care (Medicaid Only)	116	1
Respiratory Care (except Medicaid)	89	1
Tube Feeding	269	3
Appliances	535	6
Pharmaceutical Administration	806	9
IV Administration	218	3
Medication Setup	1,138	13
Other Nursing Actions	2,067	24

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The percentages shown in this table are based on a reported total of 8,544 patients. Percents will add to more than 100 because each patient may have had more than one condition, may have received more than one service, or may have had more than one ADL need.

- The number of home health patients on a “typical” day (a count made in April of the year following the survey year) decreased from 10,273 in April 1998 to 8,544 in April 1999. This represented a decline of 17 percent, and followed a decline of 8 percent from 1997 to 1998.
- Forty-four percent of all home health patients seen on a “typical” day in April 1999 required help with 1 to 3 ADLs (Activities of Daily Living), and 31 percent required help with 4 to 6 ADLs.
- Twenty percent of the patients visited on this day had impaired vision (compared to 43 percent in 1998) and 19 percent had impaired memory.

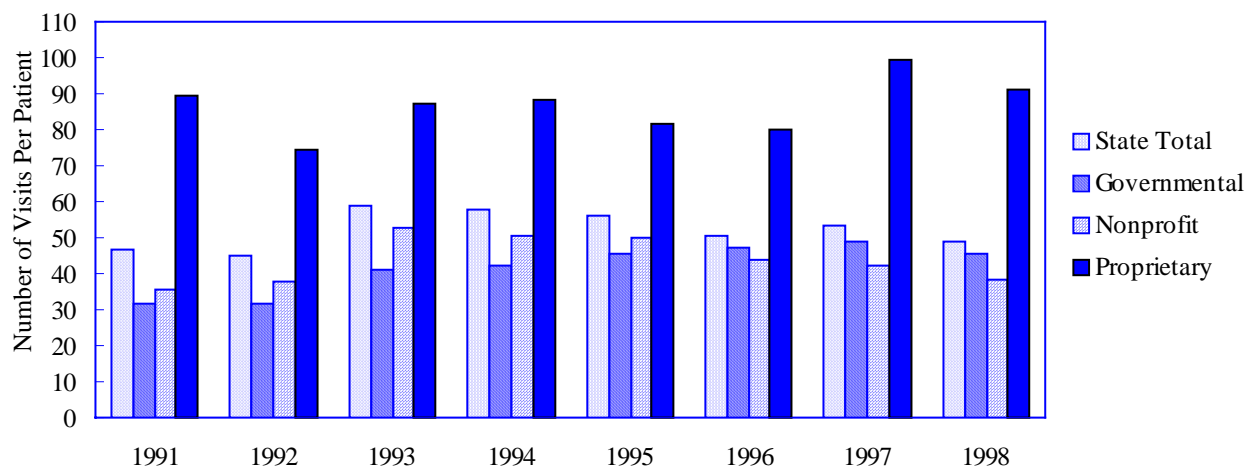
Figure 7. Average Number of Hours per Home Health Visit, Wisconsin 1991-1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The average length of a home health visit in 1998 was 1.7 hours, unchanged from 1997.
- Home health visits by governmental agencies lasted about 1.3 hours on average; visits by nonprofit agencies lasted about 1.5 hours; and visits by proprietary agencies lasted about 2.2 hours.

Figure 8. Average Number of Visits per Home Health Patient, Wisconsin 1991-1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Average visits per patient statewide declined 9 percent (from 54 to 49 visits per patient) in 1998.
- On average, proprietary agencies made 91 visits to each of their patients in 1998, a decline of 8 percent from their 1997 average of 99 visits per patient.
- Nonprofit agencies, on average, made 9 percent fewer visits per patient in 1998, from 43 visits per patient in 1997 to 38 visits per patient in 1998.

Financial Information

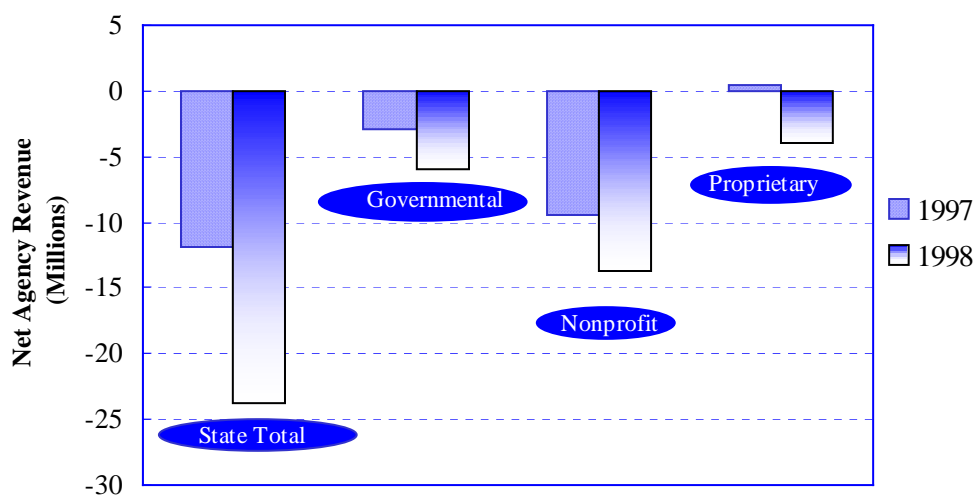
Table 11. Home Health Agency Revenue by Ownership Type, Wisconsin 1998

	State Total Amount Percent		Ownership of Agency					
			Governmental Amount Percent		Nonprofit Amount Percent		Proprietary Amount Percent	
Gross Patient Revenue								
Medicare	\$140,552,692	52%	\$12,146,816	60%	\$104,793,945	64%	\$23,611,931	28%
Medicaid	\$80,985,491	30	\$5,127,737	25	\$31,259,566	19	\$44,598,188	54
Other Federal Government	\$626,898	0	\$204,318	1	\$365,379	0	\$57,201	0
State Government (COP, etc.)	\$4,957,439	2	\$306,627	2	\$3,082,622	2	\$1,568,190	2
All Other Government	\$2,906,912	1	\$409,191	2	\$1,450,686	1	\$1,047,035	1
Third Party	\$23,769,410	9	\$1,306,041	6	\$15,336,477	9	\$7,126,892	9
Self Pay	\$11,234,767	4	\$784,881	4	\$6,033,087	4	\$4,416,799	5
Other Sources of Revenue	\$2,694,987	1	\$32,075	0	\$2,062,166	1	\$600,746	1
Reported Gross Patient Revenue	\$267,741,954	100%	\$20,317,686	100%	\$164,383,928	100%	\$83,040,340	100%
Deductions from Revenue								
Medicare	\$29,937,913	11	\$2,398,976	12	\$21,839,779	13	\$5,699,158	7
Medicaid	\$20,884,795	8	\$1,554,581	8	\$8,325,496	5	\$11,004,718	13
Other Government	\$426,594	0	\$168,005	1	\$227,936	0	\$30,653	0
Third Party	\$2,915,489	1	\$229,282	1	\$2,217,285	1	\$468,922	1
Bad Debts	\$1,780,380	1	\$106,764	1	\$1,046,482	1	\$627,134	1
Charity	\$675,513	0	\$339,133	2	\$318,560	0	\$17,820	0
Other Deductions	\$639,454	0	\$330,094	2	\$197,232	0	\$112,128	0
Reported Total Deductions	\$57,260,138	21	\$5,126,835	25	\$34,172,770	21	\$17,960,533	22
NET PATIENT REVENUE	\$210,481,816	79	\$15,190,851	75	\$130,211,158	79	\$65,079,807	78
Donations								
United Way	\$749,112	0	\$1,000	0	\$748,112	0	\$0	0
Other Donations	\$654,830	0	\$56,888	0	\$596,992	0	\$950	0
Total Donations	\$1,403,942	1	\$57,888	0	\$1,345,104	1	\$950	0
Other Home Health Revenue	\$4,350,052	2	\$1,076,824	5	\$1,775,729	1	\$1,497,499	2
TOTAL AGENCY REVENUE	\$216,235,810	81	\$16,325,563	80	\$133,331,991	81	\$66,578,256	80

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Revenue and deductions are self-reported by agencies and based on their most recently completed fiscal year. Gross patient revenue is the total amount that an agency has billed for services to patients. Deductions from revenue are disallowances from Medicare, Medicaid, or private insurance; bad debts; and charges to patients that have not been paid. Total deductions from revenue are subtracted from gross patient revenue to yield net patient revenue. Net patient revenue is the total revenue that agencies are paid by patients or their insurers. Donations and other revenues are added to net patient revenue to obtain total agency revenue.

- Reported gross patient revenue of home health agencies statewide for 1998 was \$267.7 million, a decline of 12 percent from \$305.6 million in 1997. Gross revenue from Medicare constituted 52 percent of gross patient revenue in 1998 (down from 55 percent in 1997), while gross revenue from Medicaid constituted 30 percent (up from 28 percent).
- Proprietary agencies reported \$83 million in gross patient revenue in 1998, a decrease of 14 percent from \$96.8 million in 1997. Nonprofit agencies reported \$164.4 million in gross patient revenue in 1998, a decline of 10 percent from \$183.3 million in 1997. Governmental agencies reported 20.3 million in gross revenue in 1998, down 20 percent from \$25.5 million in 1997.
- Total agency revenue statewide was \$216.2 million in 1998, down 15 percent from \$254.1 million in 1997.

Figure 9. Net Agency Revenue by Ownership Type, Wisconsin 1998

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Statewide, total expenses reported by home health agencies exceeded total self-reported revenue by over \$23.7 million in 1998.
- For proprietary agencies, total self-reported expenses surpassed revenue by \$4 million in 1998. For nonprofit agencies, total self-reported expenses surpassed revenue by \$13.8 million. For governmental agencies, total self-reported expenses surpassed revenue by \$5.9 million.

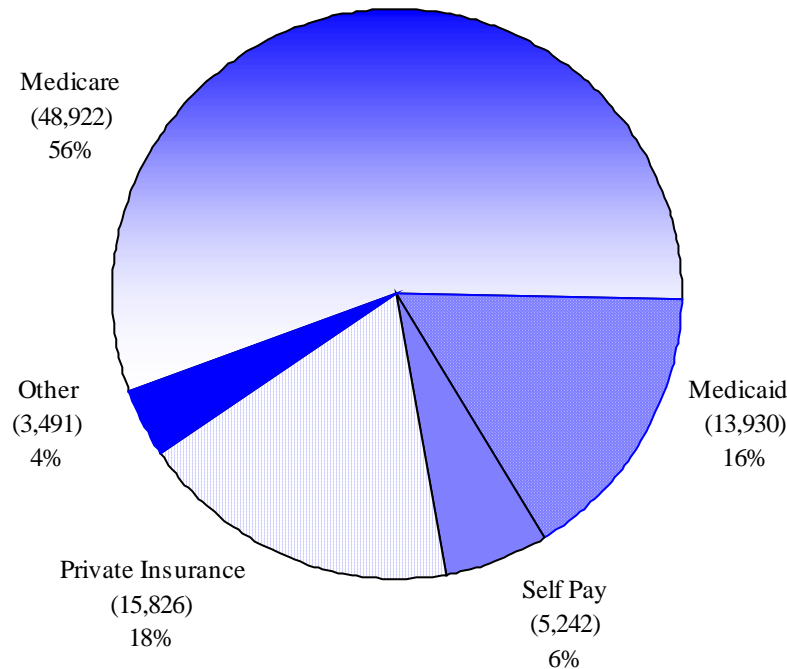
Table 12. Self-Reported Agency Revenue and Expenses by Ownership Type, Wisconsin 1998

	State Total	Governmental	Nonprofit	Proprietary
Total Agency Revenue	\$216,235,810	\$16,325,563	\$133,331,991	\$66,578,256
Total Expenses	\$239,943,096	\$22,210,200	\$147,120,788	\$70,612,108
Net Agency Revenue	-\$23,707,286	-\$5,884,637	-\$13,788,797	-\$4,033,852

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Total agency revenue equals gross patient revenue, less deductions, plus any donations.

Figure 10. Home Health Patients by Payment Source, Wisconsin 1998

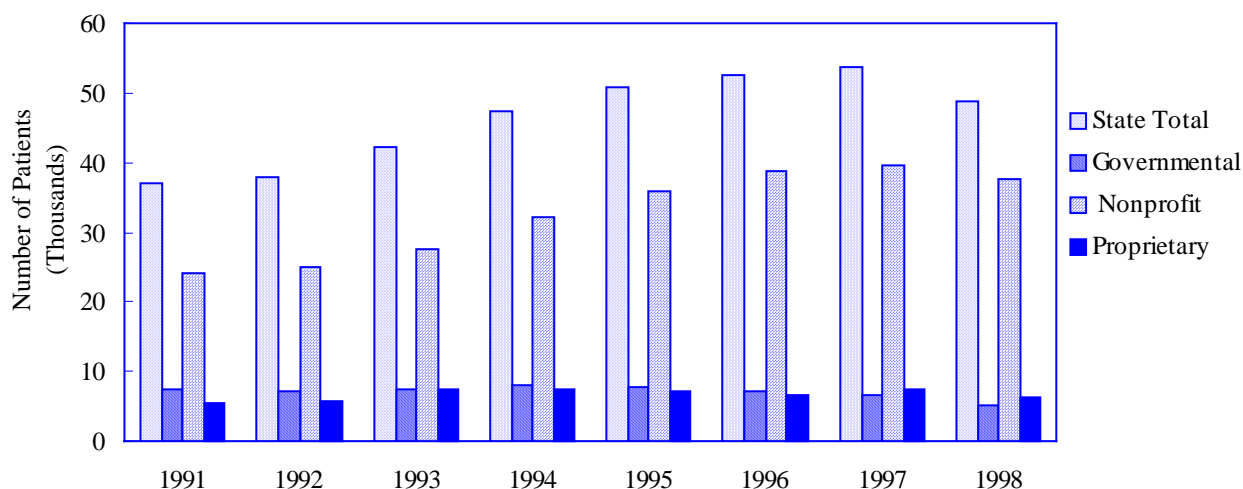


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Patients may be counted in more than one payment source.

- In 1998, 56 percent of home health patients used Medicare as a payment source, 1 percentage point less than in 1997; 16 percent used Medicaid, 3 percentage points higher than in 1997; and 18 percent used private insurance, the same as in 1997.
- Over 48,900 home health patients used Medicare as a source of payment in 1998, a 9 percent decrease from 1997.
- Compared to 1997, over 2,100 more patients used Medicaid as a payment source in 1998, an increase of 18 percent.
- About 15,800 home health patients used private insurance as a payment source in 1998, an 8 percent decrease from the 17,200 patients in 1997.

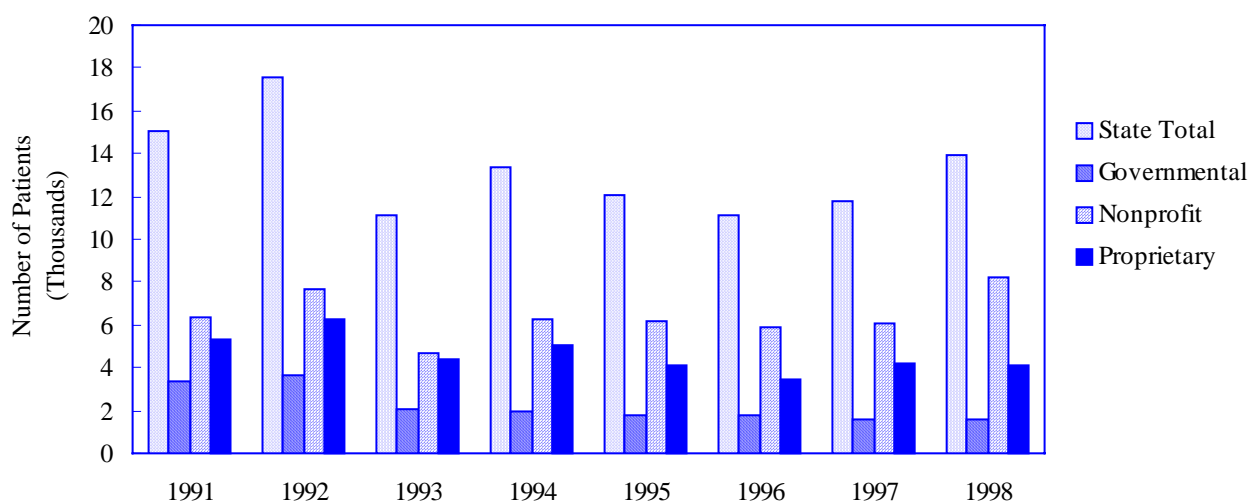
Figure 11. Home Health Patients Using Medicare as a Source of Payment by Ownership Type, Wisconsin 1991-1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The total number of home health patients using Medicare as a source of payment in Wisconsin declined almost 9 percent in 1998, after an average annual increase of 6.4 percent since 1991. Seventy-seven percent of Medicare patients were served by nonprofit agencies, 3 percentage points more than in 1997.

Figure 12. Number of Home Health Patients Using Medicaid as Source of Payment by Ownership Type, Wisconsin 1991-1998



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The total number of home health patients using Medicaid as a payment source increased 18 percent in 1998, reaching almost 14,000. This was the first big increase since 1994.

Table 13. Medicare and Medicaid Payments to Home Health Agencies by Ownership Type, as Reported by Home Health Agencies, Wisconsin 1998

Payment Source	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
Medicare	\$110,614,779	\$9,747,840	\$82,954,166	\$17,912,773
Medicaid	\$60,100,696	\$3,573,156	\$22,934,070	\$33,593,470

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The dollar amounts shown in this table were unaudited at the time they were reported on the Annual Survey of Home Health Agencies. The Medicaid payments shown are less reliable and will differ from the Medicaid payments reported for Fiscal Year 1998 by the Division of Health Care Financing (see Table 14) for the following reasons:

- 1) The extent to which home health agencies include/exclude payments for Medicaid personal care services may differ from agency to agency from year to year.
- 2) Although the survey directs agencies to report based on their most recently completed fiscal year, the Division of Health Care Financing reports payments based on the State's fiscal year (July 1 through June 30).
- 3) Agencies that closed during the year did not report. (This was a larger factor in 1998 than in previous years—see Introduction.)

- In 1998, Medicare payments as reported by home health agencies statewide totaled more than \$110.6 million, a decrease of 21 percent (\$30 million) from 1997. Medicaid payments as reported by home health agencies decreased 7 percent (\$4.8 million), to a total of \$60.1 million.

Table 14. Medicaid Payments to Home Health Agencies and Other Home Care Providers as Reported by the Wisconsin Division of Health Care Financing, Wisconsin FY 1998

State Fiscal Year	Home Health Agencies	Other Home Care Providers	Home Care Industry Total
1998	\$73,204,308	\$41,704,220	\$114,908,528

Source: Wisconsin Medicaid, Division of Health Care Financing, Department of Health and Family Services.

Note: Dollar amounts shown in this table include all Medicaid payments to Wisconsin home health agencies for 1998. The amounts reported in the "Home Health Agencies" category include payments to agencies providing home health services only, as well as to agencies providing home health and personal care services. The "Other Home Care Providers" category includes amounts paid to agencies which provided personal care only, and to independent nurses providing private duty nursing services and/or respiratory care services.

- In Fiscal Year 1998, total Medicaid payments to the state's home care industry, as reported by the Wisconsin Division of Health Care Financing, were about \$18.5 million more than in 1997. This represents an increase of 19 percent. DHCF-reported payments to home health agencies only (excluding other home care providers) increased by \$9.2 million, or 14 percent.

DOH-2062 (8311)
Revised 03-99

Attachment II

Special Instructions for Statistical Summary, Pages 2 through 14

The Statistical Summary is to be provided by agencies submitting an annual report.

Time Periods:

This summary requests information from varying time periods. Some questions refer to the entire calendar year (January 1 - December 31, 1998); others refer to a specific day (January 1, December 31, 1998, or April 15, 1999). Financial information is requested for your agency's last closed fiscal year. Please be careful to answer questions for the correct time period.

Patient Counts:

Patients are counted two ways:

1. only once to determine the number of individual people your agency served by county, primary diagnosis, and race; and
2. multiple times, when appropriate to identify the number of patients who received various types of services, whose payments came from various pay sources, and who were admitted and/or discharged from various places and programs.

In some instances, patient counts in one question must equal patient counts in other questions. When this is the case, a footnote is used as a reminder.

Diagnoses Reporting:

All diagnostic categories in Section VII, A. are based on the ICD-9-CM classification system.

Follow-up for corrections/clarifications:

All responses will be edited for completeness, accuracy and clarity. If any problems are found, the contact person named below will be telephoned for corrections/clarifications.

Selected definitions are incorporated into the survey form. Please read them carefully before filling out the survey.

Person responsible for completing Attachment II
(This is whom we will contact if we have any questions.) _____

Area Code/Telephone Number _____

Area Code/Fax Number _____

E-mail Address _____

Date Completed _____

If you are also the contact person for *another* Home Health Agency, please list the name, city and license number of that agency:

Name _____

City _____

License # _____

STATISTICAL SUMMARY

I. GENERAL INFORMATION

- A. If your agency began operation after January 1, 1998,
please provide the date operations began / /
Month Day Year
- B. 1. Is your agency a department of a hospital? ☐ 1. Yes ☐ 2. No
2. If not, are you formally affiliated with a hospital? ☐ 1. Yes ☐ 2. No
- If you answered "yes" to (1) or (2), specify name of hospital and city:

- C. Is your agency certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No
- D. Is your agency certified by Medicare and/or Medicaid to
provide Hospice Care? (Do not include hospice data on this survey.) ☐ 1. Yes ☐ 2. No
- E. Is your agency certified by Medicaid (Title 19)? ☐ 1. Yes ☐ 2. No
- F. Is your agency certified by Medicaid for Personal Care Services? ☐ 1. Yes ☐ 2. No
- G. Is your agency certified to provide HealthCheck or EPSDT services? ☐ 1. Yes ☐ 2. No
- H. Has the controlling organization placed responsibility for the administration of the
home health agency with another organization through a contract? ☐ 1. Yes ☐ 2. No

Answer The Following Two Questions If You Answered "Yes" To Letter H

1. Specify the name of the contracted organization:

2. Specify the classification of the contracted organization:

Government _____ Nonprofit _____ Proprietary _____

II. SERVICES PROVIDED**A. Statistics** [HSS 133.02/HSS 107.112]

1. Type of Service: Report the information below for the calendar year 1998.

Home Health services are performed by home health staff, either a registered nurse, a home health aide under the supervision of a registered nurse, a licensed practical nurse, or a licensed therapist.

Personal Care services are performed by personal care workers, under the supervision of a registered nurse.

Number of Patients: Report the number of patients, by type of service. Patients are to be counted in each type of service category to reflect all services received. Patients may be counted in more than one category, but can only be counted once within any single category. For example, if a patient received skilled nursing service at two different points in time during the year, he/she should be counted as one patient in the skilled nursing category. If a patient received skilled nursing care and also received home health aide service, count the patient twice; once for skilled nursing care and once for home health aide service.

Number of Visits: A visit is defined as one of the following: a) A home health visit is an encounter with a home care recipient where medically necessary care is provided by a physician, nurse, therapist, medical social worker or home health aide, for the purpose of rendering medically oriented home care services; b) A personal care visit is an activity required in the plan of care which is related to assisting an individual with medically necessary activities of daily living necessary to maintain the individual in his or her place of residence in the community; or c) A supervisory visit is an on-site authoritative procedural guidance to the home health aide, provided by the registered nurse or therapist.

Count as one visit each time you call on the patient regardless of the length of time spent with the patient. The number of visits may be greater than the number of patients due to multiple visits to a patient.

Total Hours: Include only actual care time; **exclude travel and charting time. Round to the nearest whole hour. No decimals.**

Charge Per Visit: Report the agency's end of the year "usual and customary" **Per Visit** rate. This is the rate that your agency charged patients for each service. Report per-hour rates for private duty nursing, personal care and homemaker services.

Medicare Cost Per Visit: If your agency accepts Medicare payments, report the Medicare cost per visit. This information is found on the Medicare Cost Report, Worksheet C (hospital based agencies refer to Worksheet H-5). If the rate has changed during 1998, report the 12/31/98 rate. If no Medicare payments are accepted leave the column blank.

Type of Service	Number of Patients	Number of Visits	Total Hours	Charge per Visit	Medicare Cost per Visit
Home Health Services include skilled nursing, physical therapy, occupational therapy, speech and language therapy, home health aide services, medical social services, or respiratory therapy provided by a qualified individual in accordance with a patient's plan of care. Also includes private duty nursing for reporting purposes.					
a. Skilled Nursing (include medication management, on-going assessment, supervisory visit, etc.)				\$	\$
b. Physical Therapy				\$	\$
c. Occupational Therapy				\$	\$
d. Speech Therapy				\$	\$
e. Medical Social Service				\$	\$
f. Home Health Aide				\$	\$
g. Medicaid Respiratory Therapy				\$	
h. Private Duty Nursing				\$	1
i. Other Therapeutic <u>Home Health Care</u> Specify:					
Personal Care Services include activities to assist an individual with activities of daily living necessary to maintain the individual in his or her place of residence in the community. It may include assistance with bathing, transferring, personal hygiene, changing bedding and clothing, toileting, meal preparation, light housekeeping and other services specified in HSS 107.112.					
j. Personal Care				\$	1
k. Personal Care RN Supervisory Activities				\$	
l. Homemaker Service				\$	1
m. Other <u>Non-therapeutic Care</u> Specify:					
TOTALS (a – m)					

1 Please report the hourly rate for private duty nursing, personal care and homemaker services.

NOTE: The number of patients in any single service category above, (a-m), cannot be greater than the total number of individual patients listed on page 9, question G, line 3 of Attachment II.

II. SERVICES PROVIDED (continued)**2. Shared Home Health Services:**

- a. Does your agency share cases with other home health agencies, personal care agencies or independent providers? ☐ 1. Yes ☐ 2. No
- b. If yes, how many patients were considered shared cases in 1998?
- with other home health agencies _____
- with personal care agencies _____
- with independent providers _____

3. Other Types of Services:

- a. Does your agency provide services at Community Based Residential Facilities? ☐ 1. Yes ☐ 2. No
(defined in Wis. Stats., Chap. 50.01(1g) as 5 or more unrelated adults reside and receive care, treatment or services above the level of room and board but not including nursing care)
- If yes, as of December 31, 1998, how many patients were receiving services? _____
- b. Does your agency provide services at adult family homes? ☐ 1. Yes ☐ 2. No
(defined in Wis. Stats., Chap. 50.01(1) as a private residence where 3-4 unrelated adults reside and receive care, above the level of room and board but not including nursing care. Is certified under 50.032 and licensed under 50.033.)
- If yes, as of December 31, 1998, how many patients were receiving services? _____
- c. Does your agency provide services at residential care (assisted living), apartment complexes? ☐ 1. Yes ☐ 2. No
- d. Does your agency provide services at adult day care centers? ☐ 1. Yes ☐ 2. No
- e. Does your agency provide other type of services? ☐ 1. Yes ☐ 2. No
- If yes, please describe: _____

4. System Capabilities:

- a. Does your agency have a modem? ☐ 1. Yes ☐ 2. No
- If yes, what is the baud rate (e.g., 14.4K)? _____
- b. Does your agency have an Internet Service Provider (ISP)? ☐ 1. Yes ☐ 2. No
- If yes, what type and version of browser does your agency use (e.g., Microsoft Internet Explorer, Netscape, Mosaic)? _____
- c. What type of operating system does your agency use
(e.g., Windows 95, OS/2, NT)? _____
- d. What type of Central Processing Unit (CPU) does your agency use
(e.g., Pentium II)? _____

III. FINANCIAL DATA - [HSS 133.03 (6) (c)]**A. Indicate the FISCAL PERIOD used (i.e., your last closed fiscal year):**Beginning Date ____/____/____
month day yearEnding Date ____/____/____
month day year**Please round all figures to the nearest dollar.*********NO DECIMALS*********B. REVENUE**

1. Sources of gross revenue:

- a. Medicare \$ _____
- b. Medicaid \$ _____
1. Home Health Medicaid \$ _____
2. Personal Care Medicaid \$ _____
- c. Other federal government (e.g. TRICARE (Champus), VA) \$ _____
- d. State government sources \$ _____
1. COP program \$ _____
2. Other state government (e.g. CIP, OAA) \$ _____
- e. All other government sources \$ _____
- f. Third party payer (Private insurance, HMOs, Other Managed Care) .. \$ _____
- g. Self pay \$ _____
- h. Other non-governmental sources \$ _____
- i. **Total sources of gross patient revenue** (add 1.a through 1.h) \$ _____

2. Deductions from revenue:

- a. Medicare¹ \$ _____
- b. Medicaid¹ \$ _____
- c. Other government \$ _____
- d. Third party payer (Private insurance, HMOs, Other Managed Care) . \$ _____
- e. Bad debts (include denials by third party payers) \$ _____
- f. Charity \$ _____
- g. Other deductions \$ _____
- h. **Total deductions** (sum of lines 2.a through 2.g) \$ _____

3. **Net Patient Revenue** (1.i minus 2.h) \$ _____

4. Donations

- a. United Way funds \$ _____
- b. Other donations \$ _____
- c. **Total donations** (a + b) \$ _____

5. Other Revenue \$ _____

6. **Total Agency Revenue** (sum of lines 3 + 4.c +5) \$ _____¹ If Medicare or Medicaid reimbursement is below your charge, record the difference as a deduction to that category.

III. FINANCIAL DATA (continued)**Please round all figures to the nearest dollar.*********NO DECIMALS*********C. EXPENSES****1. Payroll expenses** (include only wages and salaries) \$ _____**2. Non-payroll expenses:**

a. Employee Benefits (social security, group insurance, retirement, etc.) \$ _____

b. Professional fees (legal, consultant, auditing, contracted staff, etc.) \$ _____

c. Travel expenses for patient services (e.g., car rental, mileage, etc.) \$ _____

d. Office rental, utilities, maintenance, repairs, security, etc. \$ _____

e. Office supplies, printing, paper, copying equipment rental, data processing, etc. \$ _____

f. Communication expenses
(E.g., telephone, postage, beepers, paging equipment, etc.) \$ _____g. Durable medical equipment
(equipment which can withstand repeated use, is primarily used for medical purposes, is generally not useful to a person in the absence of illness or injury and is appropriate for use in the home. General categories include: respiratory equipment, wheelchairs, orthotics, orthopedic footwear, prosthetics, and home health equipment.) \$ _____

h. Other medical supplies \$ _____

i. Promotional expenses
(E.g., advertisements, promotional campaigns, brochures, etc.) \$ _____j. Continuing education
(E.g., professional books and journals, organizational dues, inservice, conferences and seminars, etc.) \$ _____

k. Other (please specify: _____) \$ _____

l. Total non-payroll expenses (sum of lines 2.a through 2.k) \$ _____

3. Total expenses (1 + 2.l) \$ _____

IV. NUMBER OF PATIENTS BY PAY SOURCES

For the calendar year 1998, report the number of patients served by pay sources. Please report patients in a pay source category only if your agency received monies for the patient from that particular pay source. If your agency received monies for a patient from more than one pay source during the year, include the patient in the count for all appropriate pay source categories.

Pay Source	Number of Patients
1. a. Medicare (excluding Title 18 Managed Care/HMOs)	_____
b. Medicare (Managed Care/HMOs)	_____
c. Total Medicare (a + b)	_____
2. a. Medicaid (excluding Title 19 Managed Care/HMOs)	_____
b. Medicaid (Managed Care/HMOs)	_____
c. Total Medicaid (a + b)	_____
3. Social Services Block Grant	_____
4. Other Block Grants	_____
5. Supplementary Security Income (SSI)	_____
6. Older Americans Act	_____
7. Other Federal (including VA)	_____
8. Community Options Program	_____
9. Other Community Aids	_____
10. a. Private Insurance (except Managed Care/HMOs)	_____
b. Private (Managed Care/HMOs)	_____
c. Total Private Insurance (a + b)	_____
11. Self Pay	_____
12. Other (please specify: _____)	_____
13. TOTAL	_____*

* **TOTAL cannot be less than the Total individual patient count, Attachment II, page 9, question G, line 3.**

V. ADMISSIONS & DISCHARGES

Please record the number of patients admitted to and discharged from your program during 1998 for each of the following areas. Count patients as many times as necessary for Sections B and E.

A. Number of patients on your agency's open caseload on January 1, 1998
 The number entered above reflects your agency's December 31, 1997 patient count. If different please change and explain. Any admissions on or after January 1st should be listed below in Section B, NOT on Line A. above.)

1. Of the number of patients who were on your open caseload beginning January 1, 1998 (Line A above), how many of those patients are also listed as an admission(s) during 1998 on Line B.10?

B. Admissions during the year from:
 (Report all admissions to your agency, regardless of the number of times an individual person was admitted. For example, if the same person was admitted ten times during 1998, count each and every admission.)

1. private residences (exclude patients who had been in a location listed on Lines B2 - B9 within 2 weeks prior to admission):
 - a. self care
 - b. care from family/friends
 - c. other home health agency
 - d. other
 - e. **Total** private residences (sum of lines 1.a through 1.d)
2. general hospitals
3. psychiatric hospitals
4. facilities for the developmentally disabled
5. community based residential facilities (CBRF)
6. nursing homes
7. adult family homes
8. alternate care programs (please specify: _____)
 (E.g., freestanding rehabilitation, subacute care, supervised apartment living program, group home, homeless shelter, domestic abuse shelter)
9. other (please specify: _____)
10. **TOTAL ADMISSIONS** (sum of lines B.1e through B.9)

C. Of the Total Admissions (line B.10, above) how many:

1. Were readmissions?
 (Readmissions are the number of admissions above and beyond a patient's first admission during 1998. If an individual was formally admitted more than once during the calendar year, count each admission, except the first one, as a readmission. For example, if a patient was formally admitted to the agency five times during the calendar year, that would be five admissions of which four were readmissions.)
2. Used Medicare as their primary pay source **at the time of admission?**
3. Used Medicaid as their primary pay source **at the time of admission?**

V. ADMISSIONS & DISCHARGES (continued)**D. Of the TOTAL ADMISSIONS** (page 8, line B.10) in 1998, how many were referred by:

1. community options program (COP)?
2. community integration program-phase I (CIP-I)?
3. community integration program-phase II (CIP-II)?
4. home health agency?
5. health maintenance organization (Managed Care/HMOs)?

E. Discharges during the year to:

1. private residences: (enter the more restrictive or higher level of service for patients receiving service from multiple sources)
 - a. to receive care through the COP program
 - b. to receive care through public health
 - c. to receive care through another home health agency
 - d. family/friends assumed care
 - e. self care (goals met)
 - f. other
 - g. **Total** private residences (sum of lines 1.a through 1.f)
2. general hospitals
3. psychiatric hospitals
4. facilities for the developmentally disabled
5. community based residential facilities (CBRF)
6. nursing homes
7. adult family homes
8. alternate care programs (please specify: _____)
9. hospice
10. deaths
11. other (please specify: _____)
12. **Total Discharges** (include deaths) (sum of lines E.1g through E.11)

F. Persons on the caseload on December 31, 1998
(Page 8, line A, plus line B.10, minus Page 9, line E.12.)**G. Please report the Total Number of Individual Patients** for 1998, using the following formula to calculate the total.

1. Patients on January 1, 1998 caseload (page 8, line A)
- Minus page 8, line A1 (1/1/98 patients also counted as an admission during 1998)

Subtotal

2. Admissions (page 8, line B10)
- Minus Readmissions (page 8, line C1)
- Equals the Number of Patients Admitted

Subtotal

3. **Total** individual patient count (unduplicated) for 1998. (add subtotals from G1 and G2)

(The number reported here **MUST** equal the "TOTALS" at the bottom of Pages 10, 11 and 12.)

Is the Total individual patient count (G.3) equal to the totals reported on Pages 10, 11, & 12? ☐ 1. Yes ☐ 2. No
(THESE MUST MATCH.)

VI. MARKET AREA**A. COUNTY OF SERVICE DELIVERY**

Please report the total individual patients cared for during 1998 as reported on Attachment II, page 9, question G, line 3.

County	Number of Home Health Patients During 1998
Adams	
Ashland	
Barron	
Bayfield	
Brown	
Buffalo	
Burnett	
Calumet	
Chippewa	
Clark	
Columbia	
Crawford	
Dane	
Dodge	
Door	
Douglas	
Dunn	
Eau Claire	
Florence	
Fond du Lac	
Forest	
Grant	
Green	
Green Lake	
Iowa	
Iron	
Jackson	
Jefferson	
Juneau	
Kenosha	
Kewaunee	
La Crosse	
Lafayette	
Langlade	
Lincoln	
Manitowoc	
Marathon	
Marinette	
Marquette	
Menominee	

County	Number of Home Health Patients During 1998
Milwaukee	
Monroe	
Oconto	
Oneida	
Outagamie	
Ozaukee	
Pepin	
Pierce	
Polk	
Portage	
Price	
Racine	
Richland	
Rock	
Rusk	
St. Croix	
Sauk	
Sawyer	
Shawano	
Sheboygan	
Taylor	
Trempealeau	
Vernon	
Vilas	
Walworth	
Washburn	
Washington	
Waukesha	
Waupaca	
Waushara	
Winnebago	
Wood	
Out of State	
Illinois	
Iowa	
Michigan	
Minnesota	
Other States	
Unknown	
TOTAL (in and out-of-state)	*

* **TOTAL MUST** equal the Total individual patient count, Attachment II, page 9, question G, line 3.

VII. PATIENT CHARACTERISTICS

A. Age and Primary Diagnosis for total individual patients treated during 1998 as reported on Attachment II, page 9, question G, line 3.

Each patient should be recorded only once, in the category which best explains why he/she is receiving services. (I.e., The diagnosis accounting for the greatest resource consumption during the patient's illness or the chief reason for the patient's admission.)

Shaded areas appear for the readability purposes only, please fill them in.

PRIMARY DIAGNOSIS	AGE										
	0 to 3	4 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	Total
HIV Infection, AIDS (042-044)											
Other Infectious & Parasitic Diseases (001-041, 045-139)											
Cancer (140-239)											
Diabetes (250)											
Dehydration (276)											
Diseases of Blood & Blood Forming Organs (280-289)											
Senile Dementia (290)											
Psychoses (291-299)											
Neurotic Disorders (300-316)											
Mental Retardation (317-319)											
Dis. of Central Nervous System & MS (320-341, except 331.0)											
Alzheimer's Disease (331.0)											
Paralysis (342, 344)											
Cerebral Palsy (343)											
Disorders of Eye and/or Ear (360-389)											
Cardiovascular (other than stroke) (390-435, 439-459)											
Stroke (436-438)											
Respiratory (460-519)											
Digestive Disorders (520-559)											
Genitourinary System (580-629)											
Pregnancy & Childbirth (630-676)											
Arthropathies, Dorsopathies, & Rheumatism (710-729)											
Osteopathies (730-739)											
Congenital Anomalies (740-759)											
Conditions Originating in the Perinatal Period (760-779)											
Ill-defined Conditions (780-799)											
Fractures, Dislocations & Sprains (800-848)											
Wounds, Burns, & Other Injuries (850-959)											
Poisoning & Toxic Effects (960-989)											
Complications of Surgery (996-999)											
Other Conditions											
TOTAL											*

* TOTAL **MUST** equal the Total individual patient count, Attachment II, page 9, question G, line 3.

NOTE: Totals by age, **MUST** equal age totals on page 12.

VII. PATIENT CHARACTERISTICS (continued)**B. Age, Race, Sex, and Hispanic Origin of Patients**

Report each patient treated during 1998 (as reported on Attachment II, page 9, question G, line 3) in the appropriate categories on the table below. Each patient should be entered in:

- an age and race category;
- an age and sex category; and when appropriate;
- an age and Hispanic/Spanish origin category (be sure to include each Hispanic person in the appropriate race category too, as Hispanic is not a race).

When possible use the patients' self-identification of race/ethnicity. Otherwise, the agency should make a "best guess".

	Age										Total
	0 to 3	4 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	
Race											
White											
Black or African American											
American Indian ¹											
Southeast Asian ²											
Asian or Pacific Islander ³											
Other, Please specify:											
TOTAL											(a)
Sex											
Males											(b)
Females											(c)
PLEASE MAKE SURE that the total males, (line b), plus total females, (line c), equal the Total number of patients, (line a). Total number of patients, (line a), MUST equal the Total individual patient count, Attachment II, page 9, question G, line 3.											
Hispanic/Spanish Origin⁴											

NOTE: Totals by age on line (a), **MUST** equal age totals on page 11.

1 Includes members of tribes indigenous to the Americas including Eskimo and Aleut.

2 Includes Cambodian, Laotian, Vietnamese, Hmong, Montagnard, etc.

3 Includes Chinese, Japanese, Korean, Filipino, Samoan, Guamanian, Thai, Micronesian, Tongan, and Asian Indian.

4 Includes individuals of Hispanic/Spanish descent (e.g. Mexican, Cuban, Puerto Rican, Central or South American, Spain, etc.)

Hispanic is representative of an ethnicity (i.e., there are black, white, American Indian people of Hispanic ethnicity, culture or descent.)

Do the age totals, (line a), equal the age totals reported on Page 11? ☐ 1. Yes ☐ 2. No

(THESE MUST MATCH.)

VIII. PATIENTS CONDITIONS, SERVICES, AND ACTIVITIES

This section may be difficult, but it is the only part of the survey by which we can understand a typical daily caseload. Please indicate, for each of the following conditions, services, and activities, the number of patients that were receiving active therapy/services (teaching and/or administration) on **April 15, 1999**. *Patients should be counted in each applicable category.*

Conditions Services and Activities	Number of Patients
Sensory Difficulties	
1. Impaired Hearing The inability to hear with hearing aids if the patient usually wears them.	
2. Impaired Vision The inability to see with corrective lenses if the patient usually wears them.	
Psychological Problems	
3. Attempted Suicide Any attempted suicidal behavior within the last 90 days.	
4. Verbally Abusive Single or repeated act of yelling, threatening, excessive profanity, etc.	
5. Physical Aggression Aggressive or combative to self and others (e.g. hits, throws objects, punches, etc.)	
6. Impaired Memory Failure to recognize familiar person/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required.	
7. Alcohol and Other Drug Abuse	
Therapies	
8. Psychiatric Therapy	
9. Occupational Therapy	
10. Physical Therapy	
11. Speech Therapy	
12. Medical Social Services	

Conditions, Services and Activities	Number of Patients
Requires Help With Activities of Daily Living (ADLs):	
13. Dressing	
14. Ambulation	
15. Eating	
16. Bathing	
17. Toileting	
18. Transferring	
19. How many patients required help with one to three of the above listed ADLs?	
20. How many patients required help with four or more ADLs listed above?	
Nursing Activities Related To:	
21. Tracheostomy	
22. Wound Care Including but not limited to ulcers, burns, pressure sores, open surgical sites, fistulas, tube sites and tumor erosion sites.	
23. Ostomy Care	
24. Respiratory Care (T19 only) Include Medicaid patients who are ventilator dependent.	
25. Respiratory Care (not T19) Include Non-Medicaid patients who are ventilator dependent.	
26. Tube Feeding	
27. Orthotics (e.g. splints, braces, slings)	
28. Pharmaceutical Administration Regardless of route, exclude I.V.	
29. I.V. Administration	
30. Medication Setup	
31. Other Nursing Actions	

The information on this page is based on _____ patients.
(The number reported here should be the number of patients visited on April 15, 1999.)

IX. STAFFING [HSS 133.02]

- A. Personnel:** Report the number of personnel *employed* by the agency during the week of April 12 to April 16, 1999. Include staff on vacation or other paid leave. Out-of-state agencies should report only staff time serving Wisconsin patients.

Full-Time Persons: Report the number of persons employed full-time (37 ½ hours or more per week).

Part-Time Persons: Report the number of persons employed part-time (less than 37 ½ hours per week).

Part-Time Hours: For each employed person working less than 37 ½ hours per week, report the number of hours worked in that position.

If a person serves in more than one job position, place an asterisk (*) next to the job title, record the hours worked in the part-time hours column for each position, but only record the person once in the part-time person column for the job position worked the most hours. (E.g., A person may work as a Home Health Aide for 25 hours and may also work as a Personal Care Worker for 15 hours. Record "25" in the part-time hours column for Home Health Aides, and record "15" in the part-time hours column for Personal Care Workers. Record a "1" in the part-time persons column for Home Health Aides, since the majority of the hours were worked in that capacity).

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. No Decimals.

Contracted Staff Persons: Report the number of persons providing services through a formal contractual arrangement.

Staff On Leave: Report the number of persons employed by the home health agency but temporarily on leave of absence, (e.g. maternity/paternity leave, educational leave, family leave, etc.).

Please, no FTE's

EMPLOYEE CATEGORY	Full-Time Persons	Part-Time Persons		Contracted Staff Persons	Staff On Leave
		Personnel	Total Hours		
Administrative Staff					
1. Administrator					
2. Registered Nurse Supervisor					
Nursing Staff					
3. Registered Nurses					
4. Licensed Practical Nurses					
Therapeutic Staff					
5. Home Health Aides					
6. Physical Therapists					
7. Registered Occupational Therapists					
8. Speech Pathologists					
9. Respiratory Therapists					
10. Medical Social Workers					
11. Other, Specify:(e.g. dietitians, pharmacists. audiologists)					
Other Staff					
12. Personal Care Workers					
12a. Related to Patient					
12b. Not Related to Patient					
13. Homemakers					
14. Other, (i.e. Office Staff, etc.)					
TOTAL					

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

